SAMHSA-HRSA
CENTER for INTEGRATED
HEALTH SOLUTIONS

BHICA and IPAT: Value Added Assessment Tools

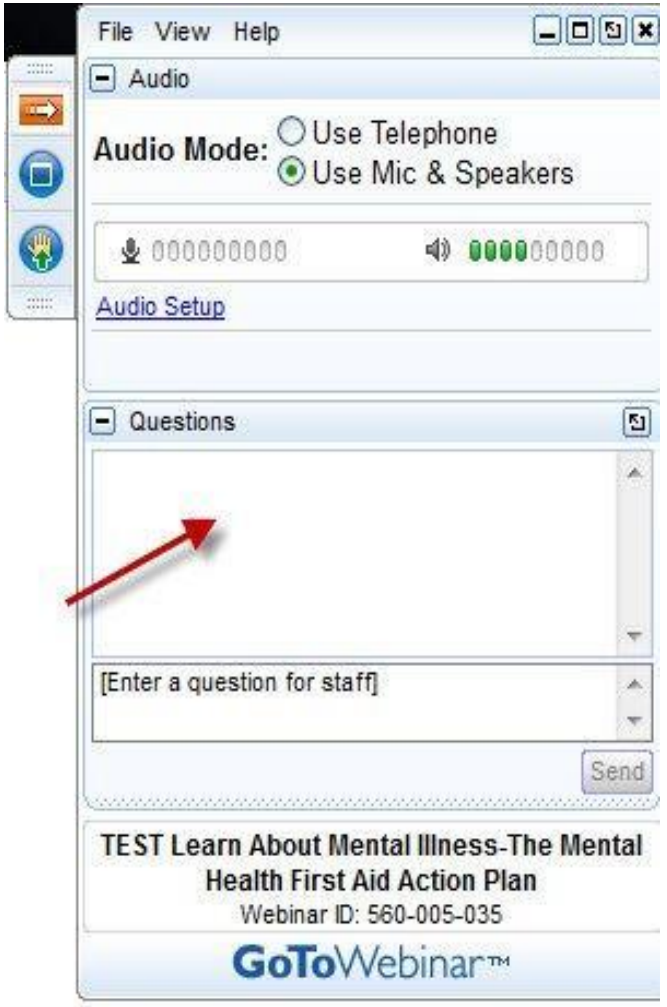
November 13, 2015

Slides for today's webinar are available on the CIHS website at:

http://www.integration.samhsa.gov/pbhci-learning-community/webinars

Got Questions?

Please type your questions into the question box and we will address them.



Moderator

Brie Reimann, MPA
Deputy Director
SAMHSA-HRSA Center for Integrated Health Solutions

Today's Presenters

Mara Laderman, MSPH
Senior Research Associate
Institute for Healthcare Improvement

Andrea Auxier, PhD
Vice President, Health Plan Sales
New Directions Behavioral Health

Jeanette Waxmonsky, PhD
Director of Research Innovation
Jefferson Center for Mental Health

Adjunct Associate Professor
Dept. of Family Medicine
University of Colorado School of Medicine

Agenda

- Brief overview of the Behavioral Health Integration Capacity Assessment (BHICA)
- Describe how to use BHICA results to guide implementation of integrated behavioral health and primary care
- Brief overview of the Integrated Practice Assessment Tool
- Describe how to use IPAT to guide implementation
- Grantee showcase: successful use of the BHICA
- Question and answer

Behavioral Health Integration Capacity Assessment (BHICA)



BHICA: Objectives

- To assist behavioral health organizations in evaluating their ability to implement integrated care.
- After completing the assessment organizations will be able to:
  - Consider potential approaches to integration to better serve the clientele of their organization;
  - Understand the current infrastructure of their organization to support greater integration;
  - Assess their organization's strengths and challenges in undertaking different approaches to integration; and
  - Set and prioritize goals for the organization's integration efforts.

BHICA: Structure

- Introduction to integrated care

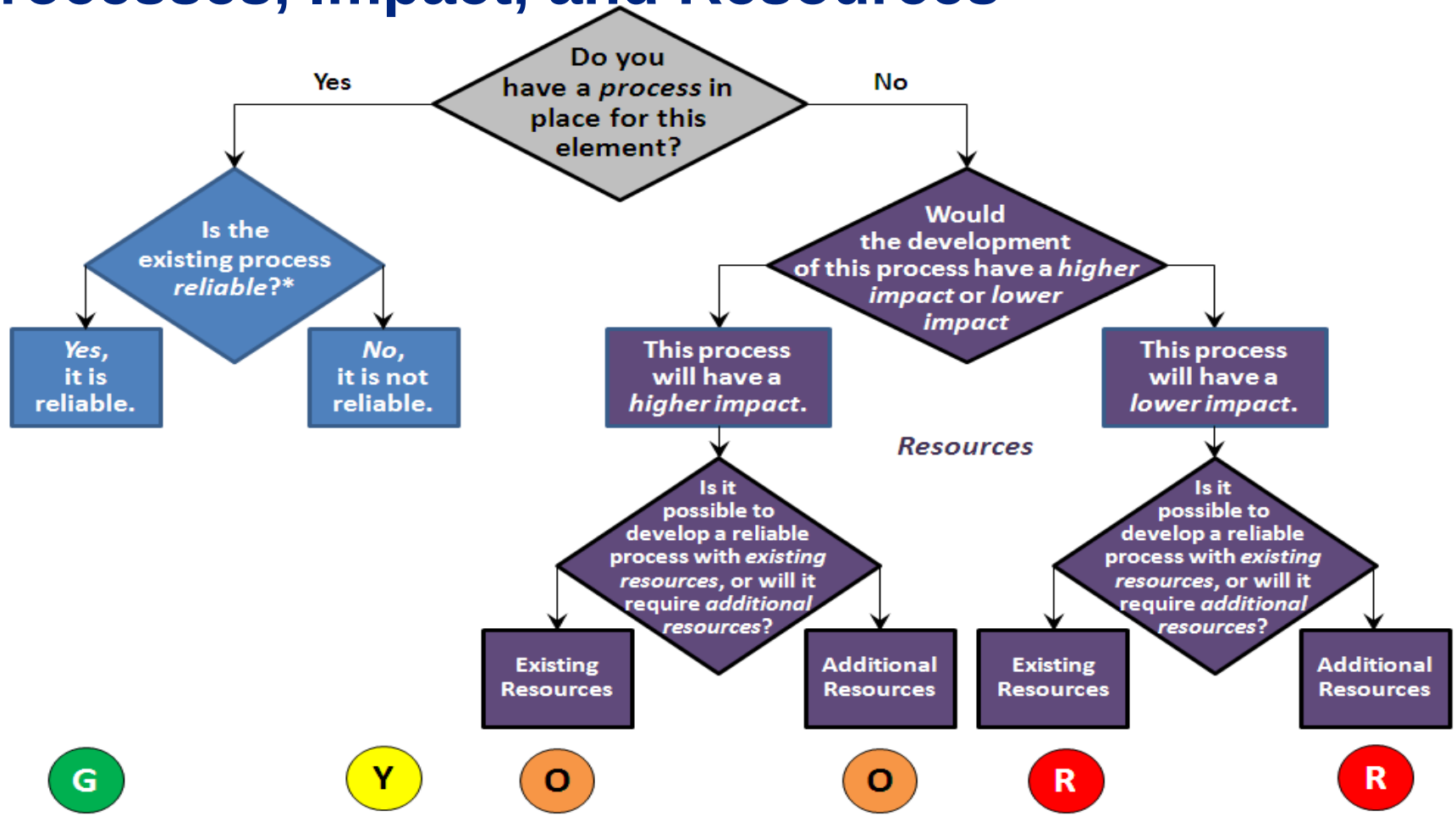
- Five sections of tool:
  - Part One: Understanding Your Population
  - Part Two: Assessing Your Infrastructure
  - Part Three: Identifying the Population and Matching Care
  - Part Four: Assessing the Optimal Integration Approach for Your Organization
  - Part Five: Financing Integration

- Information on how to evaluate and interpret self-assessment results

Using the BHICA

- BHICA is intended for use by behavioral health organizations and behavioral health providers
- Typically completed by staff members with expertise at all levels of the organization
  - Ex: finance, operations, clinical processes, leadership, front-line staff
- Completed individually or as a group – allow opportunities to discuss results and next steps as a team
- Allow 90 minutes to a full day for in-depth analysis and conversations with colleagues

Evaluation Framework Linked to Organization Processes, Impact, and Resources



*Reliability is defined as a "failure-free operation over time." In health care, it is feasible to achieve 95% reliability for the majority of care-related processes. One simple way to assess reliability is to predict if five front-line individuals are able to accurately describe the process in the same way. If you are not confident that all five individuals are able to do so, evaluate this process as not reliable.

Interpreting Self-Assessment Results

ASSESSMENT CATEGORY	PROCESS	RELIABILITY	IMPACT	RESOURCES	Interpretation
●	Y	Yes	–	–	Reliable process for the element. No further action required.
●	Y	No	–	–	There is a process for this element, but it is not yet reliable.
●	N	–	Higher	Yes	Could create a reliable process with existing resources and will have a higher impact on the population you serve.
●	N	–	Higher	No	Require additional resources to create a reliable process and will have a higher impact on the population you serve.
●	N	–	Lower	Yes	Could create a reliable process with existing resources but will have a lower impact on the population you serve.
●	N	–	Lower	No	Require additional resources to create a reliable process and would have a lower impact on the population you serve.

Using the BHICA to Guide Implementation

Using the BHICA to Guide Planning

- Identify your desired approach to integration and map out ideal state in one year – start to plan for how you will get there.
- Establish "aspirational goals" for your organization for each area scored/some of the areas scored…"Where can we go from here?"
- Define clinical, operational, and financial priority areas based on results – develop work plans, staffing, and identify resources for each area.
- Use the results as part of your organization's TQI process; reshape the work plan and work flows accordingly.
- Examine your resource capacity to get where you need to go next:
  - Do we have the resources we need to transform the area of practice we are targeting for change?
  - If not, can we get the resources?
  - Where can we go to get those resources?

Using the BHICA Results to Move Towards Action

- **Use the results to build "champions" for integration and develop leadership to help implement the approach**
  - Identify your strengths and weaknesses and where partnerships will be required
  - If we don't have a partner and need one, where can we go to secure that partner
  - Build a multi-disciplinary team – include consumers, students, volunteers

- **Build a project cost model that includes the administrative overhead that will be needed to implement your approach**
  - Results can help you plan for the administrative resources (beyond clinical needs) necessary to implement integration

- **"Mature" your integration approach based on the results**
  - Pick one area that you want to strengthen and focus on improvement/growth
  - Use it to build team cohesiveness around characteristics of good patient care

Thank You

- To access the online BHICA or download a paper version, visit https://www.resourcesforintegratedcare.com/tool/bhica

- For more information contact:
  - Angela George at Angela.George@lewin.com
  - Mara Laderman at mladerman@ihi.org
  - Gretchen Nye at Gretchen.Nye1@cms.hhs.gov

Resources for Integrated Care Website

We encourage you to explore www.ResourcesforIntegratedCare.com for a wide array of resources related to integrating care for Medicare-Medicaid enrollees:

Resources

Assessment tools
Concept guides
Topic-specific briefs
Educational webinars

Topic Areas

Disability-Competent Care
Self-Management Support
Integrating Primary Care in Behavioral Health
Care Coordination
Workforce Development
Navigation Services

Stakeholders

State Medicaid Agencies
Health Plans
Long-Term Services and Supports Providers
Behavioral Health Providers

Individuals with…

Intellectual and developmental disabilities
Physical disabilities
Serious mental illness

Sign up for our E-Alerts to receive updates!

Integrated Practice Assessment Tool (IPAT)

Jeanette Waxmonsky, PhD
Director of Research Innovation
Office of Healthcare Transformation
Jefferson Center for Mental Health

Andrea Auxier, PhD
VP, Health Plan Sales
New Directions Behavioral Health

Development Team

Jeanette Waxmonsky, PhD
Director of Research Innovation
Office of Healthcare Transformation
Jefferson Center for Mental Health

Andrea Auxier, PhD
VP, Health Plan Sales
New Directions Behavioral Health

Pam Wise Romero, PhD
Chief Clinical Officer
Axis Health System

Bern Heath, PhD
CEO
Axis Health System

A Standard Framework for Levels of Integrated Healthcare

Coordinated Care		Co-Located Care		Integrated Care	
1	2	3	4	5	6
Minimal Collaboration	Basic Collaboration from a Distance	Basic Collaboration Onsite	Close Collaboration with Some System Integration	Close Collaboration Approaching an Integrated Practice	Full Collaboration in a Transformed /Merged Practice

Heath B, Wise Romero P, and Reynolds K. A Standard Framework for Levels of Integrated Healthcare. Washington, D.C.SAMHSA-HRSA Center for Integrated Health Solutions. March 2013.

Assessing Integration

Pre-coordinated	Coordinated	Co-Located	Integrated
Medical and behavioral health care are provided in different settings, with little, if any, communication between providers regarding shared patients; limited, if any, protocols for sharing information; information technology to support registries or patient information exchange do not exist or are not utilized.	P2P communication about shared patients across agencies; some protocols and technology for sharing information exist and are routinely followed.	Behavioral and medical providers delivering services in the same physical facility; medical and behavioral care remain mostly divided; documentation of services often occurs in separate records; few-if any standard protocols for integrated service delivery exist.	Behavioral and medical providers practicing in a team-based fashion with attention to psychiatric conditions as well as health and behavior change, using real-time interventions, screening protocols, shared documentation, and open access to records.

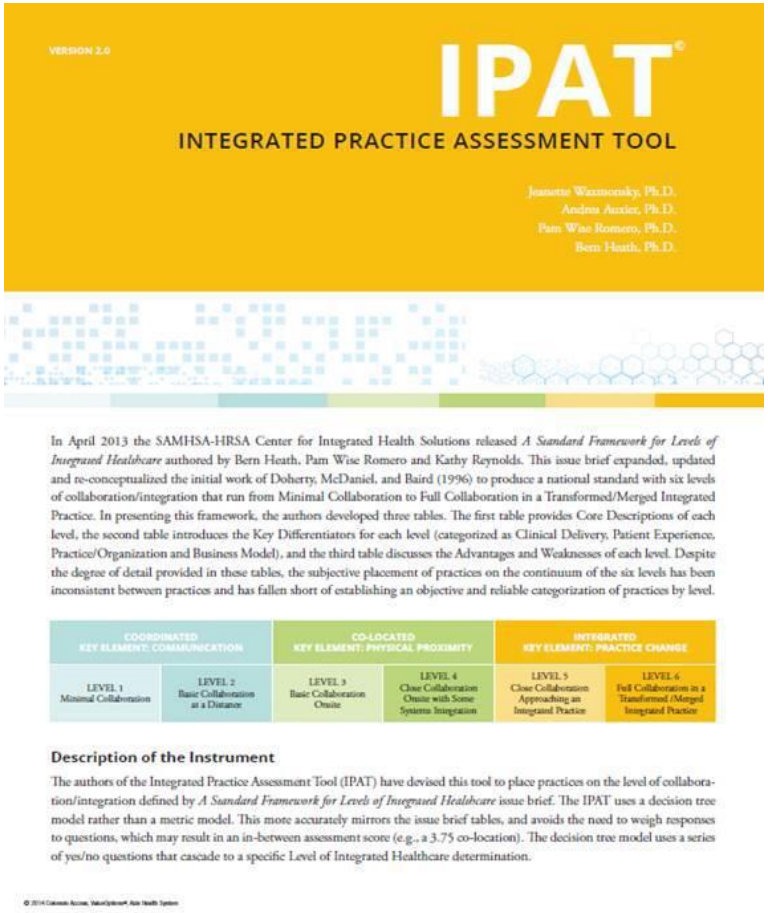
We added a level

NEW DIRECTIONS℠

Jefferson Center for mental health

IPAT Potential Uses

- Tailor product solutions to client need
- Assess network readiness for integration
- Establish baseline and monitor performance over time
- Conduct comparative analysis
- Assess the association between integration and selected clinical, cost, or utilization outcomes
- Establish thresholds for differential payment structures



VERSION 2.0

IPAT®

INTEGRATED PRACTICE ASSESSMENT TOOL

Jeanette Waxmonsky, Ph.D.
Andrea Auxier, Ph.D.
Pam Wise Romero, Ph.D.
Bern Heath, Ph.D.

In April 2013 the SAMHSA-HRSA Center for Integrated Health Solutions released *A Standard Framework for Levels of Integrated Healthcare* authored by Bern Heath, Pam Wise Romero and Kathy Reynolds. This issue brief expanded, updated and re-conceptualized the initial work of Doherty, McDaniel, and Baird (1996) to produce a national standard with six levels of collaboration/integration that run from Minimal Collaboration to Full Collaboration in a Transformed/Merged Integrated Practice. In presenting this framework, the authors developed three tables. The first table provides Core Descriptions of each level, the second table introduces the Key Differentiators for each level (categorized as Clinical Delivery, Patient Experience, Practice/Organization and Business Model), and the third table discusses the Advantages and Weaknesses of each level. Despite the degree of detail provided in these tables, the subjective placement of practices on the continuum of the six levels has been inconsistent between practices and has fallen short of establishing an objective and reliable categorization of practices by level.

COORDINATED KEY ELEMENT: COMMUNICATION		CO-LOCATED KEY ELEMENT: PHYSICAL PROXIMITY		INTEGRATED KEY ELEMENT: PRACTICE CHANGE	
LEVEL 1 Minimal Collaboration	LEVEL 2 Basic Collaboration at a Distance	LEVEL 3 Basic Collaboration Onsite	LEVEL 4 Close Collaboration Onsite with Some Systems Integration	LEVEL 5 Close Collaboration Approaching an Integrated Practice	LEVEL 6 Full Collaboration in a Transformed /Merged Integrated Practice

Description of the Instrument

The authors of the Integrated Practice Assessment Tool (IPAT) have devised this tool to place practices on the level of collaboration/integration defined by *A Standard Framework for Levels of Integrated Healthcare* issue brief. The IPAT uses a decision tree model rather than a metric model. This more accurately mirrors the issue brief tables, and avoids the need to weigh responses to questions, which may result in an in-between assessment score (e.g., a 3.75 co-location). The decision tree model uses a series of yes/no questions that cascade to a specific Level of Integrated Healthcare determination.

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Jefferson Center for mental health

Current Uses (that we know of)

State	LOB	Entity	State Agency
Colorado	Medicaid BHO carve-out	Beacon Colorado Access	HCPF
Connecticut	Medicaid Health Homes	Beacon	DMHAS
Florida	Medicaid SMI	Beacon	
Louisiana		Magellan	OBH, DHH
Massachusetts	MassHealth (Medicaid)	Beacon (MBHP)	PCC Plan
New York	HARPS (Medicaid SMI/SUD)	Beacon	
Pennsylvania		Lehigh Valley Health Network Children's Hospital	

IPAT FAQs

- **What is IPAT?** IPAT is a questionnaire used to determine how integrated a clinical practice is. It builds of the SAMHSA-HRSA standard framework for Levels of Integrated Healthcare.
- **How does IPAT work?** IPAT asks a series of yes/no questions using a decision-tree model to arrive at the practice's current level.
- **Do I have to provide PHI?** No. IPAT does not inquire about patient-level information.
- **Do I have to pay to use IPAT?** No. IPAT is in the public domain and is provided free of charge.
- **Will IPAT work only in primary care settings?** No. IPAT can be used in behavioral health or medical settings.
- **Who should actually complete the IPAT?** IPAT can be completed by medical provider, a behavioral health provider, or a practice manager. Ideally, several members of the care team would collaborate on a joint response.
- **What if I have multiple clinics in my setting? Do I complete just one IPAT?** No. Because IPAT is intended to assess clinical operations, a different IPAT should be completed for each clinic.

How Integrated am I?

- A part-time social worker in a primary care clinic receives warm-handoffs and provides treatment for mental illness
- A mental health center hires a psychiatric nurse practitioner
- A psychiatrist provides P2P consultation to a PCP via televideo
- A psychiatrist meets with a patient via televideo
- Psychologists work alongside primary care practitioners, but notes are kept separately and not shared
- A behavioral health care manager is co-located with a health plan care manager

Start the Integration Conversation!

- **Where do you want to go?**
  - What's the most feasible level you can achieve right now?
- **What resources do you need to get there?**
  - What resources are available to help you get there?
  - What new resources will you need?
- **Who needs to be involved?**
  - Who needs to be involved in the change process?
  - Who will oversee the change process?
- **How will it work?**
  - How does clinical flow, EMRs, billing, etc. need to change?
- **When will you get there?**
  - What's the time frame?
  - How do you know you've reached your targeted level?

Example

- *See SAMHSA Levels of Integration Framework*
  - *http://www.integration.samhsa.gov/integrated-care-models/A_Standard_Framework_for_Levels_of_Integrated_Healthcare.pdf*
- Key Defining Features of Level 4
  - Do provider relationships go beyond increasing successful referrals with an intent to achieve shared patient care?
  - Coordinated service planning, shared training, team meetings, use of shared patient registries to monitor treatment

Example

- Key Defining Features of Level 5
  - Are all behavioral health and medical providers equally involved in care in the approach to individual patient care and design?
  - Shared Care Plan

Thank you!

Contact Info:

Jeanette Waxmonsky
JeanetteW@jcmh.org

Andrea Auxier
Aauxier@ndbh.com

NEW DIRECTIONS℠

Jefferson Center
for mental health

Preferred Family Healthcare Cohort 7

BHICA

Behavioral Health Integration Capacity Assessment Tool

Kathy Rogers, Program Director

Steps to Success for your PBHCI Team

- Leadership Commitment
- Who will make up your "Team", include PC & BH, data collection, clinic staff, evaluators, and of course the consumer. Establish scheduled meetings for the team
- Share your team's vision of what your integrated program is/will be often with your organization
- Design clear roles & responsibilities of each team member
- Have your team assess your baseline using the BHICA tool
- Set goals & take actions aligned with the aims of integrated care
- Include "short", "medium" and "long-range" goals
- Share your goals and outcomes with your SAMHSA GPO, liaison & coordinator
- Quarterly calls are good to review progress and ask for technical assistance

CIHS PBHCI Training and Technical Assistance Plan

[Preferred Family Health Care]

Overall Goal #1:

Hire two PSS	September 2015

Integration domain area(s) the goal addresses:

☐ PBHCI Data (assessment, reassessment, PH indicators, IPP, pop. health)
☐ SUD Screening/Assessment & Treatment (includes tobacco)
☐ Workforce (team-based care, morale, hiring, training)
☐ Wellness Services
☐ Health Information Technology
☐ Network Provider/Partnership Development & Monitoring
☐ Health Disparities
X Peer Workforce
☐ Billing/Finance Sustainability
☐ Other: _____

BHICA section(s) the goal addresses:

☐ Understanding Your Population
☐ Assessing Your Infrastructure
X Identifying the Population and Matching Care
☐ Assessing Three Approaches to Integration
☐ Financing Integration

SMART Objectives	Summary of Action Steps	Grantee Progress	TTA Provided by CIHS
Short term (3 months): Hugh will continue to volunteer until his training is complete. Address a second candidate for PEER specialist.	Peer volunteer to complete his PEER training and pass test. Advertise for a second PSS.	Date: Oct. 9, 2015 training complete, Barbara passed her test and would like to become a PSS for the PBHCI Program. Progress: In Process	Date: TTA:
Medium term (6 months): Hugh will pass his PEER CPS testing within the next three months.	Has met with PSS at Hannibal to discuss dual diagnosis group and now is facilitating the DR weekly meetings on the RCF.	Date: November 2015 Progress: In Process	Date: TTA:
Long term (1-4 years): Hugh will become one of the PBHCI PSS and continue to grow in his role by implementing new evidenced based classes and giving support to consumers.	Hugh is an excellent PSS and has learned to assist with the DCI's and has continues to promote the PBHCI Program among his peers.	Date: November 2015 Progress: In Process	Date: TTA:

CIHS PBHCI Training and Technical Assistance Plan

[PFH]

Overall Goal #2:

Expand wellness activities and use of Employee Gym for consumers	September 2015

Integration domain area(s) the goal addresses:

☐ PBHCI Data (assessment, reassessment, PH indicators, IPP, pop. health)
☐ SUD Screening/Assessment & Treatment (includes tobacco)
☐ Workforce (team-based care, morale, hiring, training)
X Wellness Services
☐ Health Information Technology
☐ Network Provider/Partnership Development & Monitoring
☐ Health Disparities
☐ Peer Workforce
☐ Billing/Finance Sustainability
☐ Other: _____

BHICA section(s) the goal addresses:

☐ Understanding Your Population
☐ Assessing Your Infrastructure
X Identifying the Population and Matching Care
☐ Assessing Three Approaches to Integration
☐ Financing Integration

SMART Objectives	Summary of Action Steps	Grantee Progress	TTA Provided by CIHS
Short term (3 months): Purchase gym equipment	Work with administration to set times employee gym will be available for use by the consumers served by the PBHIC Grant	Date: November 10, 2015 Progress: Gym equipment to be delivered on November 12, 2015.	Date: TTA:
Medium term (6 months): Begin small exercise groups and have all exercise releases signed by PCP or guardian before exercising	Will have all consumers have their PCP or guardian sign at what level of exercise they will be able to work at with staff present at all times.	Date: November 2015 Progress: In Process	Date: TTA:
Long term (1-4 years): Groups of consumers able to continue using the employee gym at designated times with staff. Add Yoga instructor in year three and volunteer personal trainer if available. Have applied for 2-3	Establish regular exercise groups for the PBHCI consumers and add evidenced programs including the Walk with Ease and the Arthritis Foundation Exercise Program. We are also currently using the New-R Program which incorporates	Date: November 2015 Progress: In Process	Date: TTA:

Long term (1-4 years): Groups of consumers able to continue using the employee gym at designated times with staff. Add Yoga instructor in year three and volunteer personal trainer if available. Have applied for 2-3 interns from Truman State University's Exercise Science Dept. to work with consumers. Will expand to the Trenton site in year 2 and the Hannibal site in year 3 to provide similar exercise groups and equipment.	Establish regular exercise groups for the PBHCI consumers and add evidenced programs including the Walk with Ease and the Arthritis Foundation Exercise Program. We are also currently using the New-R Program which incorporates exercise into the curriculum.	Date: November 2015 Progress: In Process	Date: TTA:

CIHS PBHCI Training and Technical Assistance Plan

Overall Goal #3:

Smoke Free Campus & Health Education — September 2015

Integration domain area(s) the goal addresses:

- ☐ PBHCI Data (assessment, reassessment, PH indicators, IPP, pop. health)
- ☐ SUD Screening/Assessment & Treatment (includes tobacco)
- ☐ Workforce (team-based care, morale, hiring, training)
- X Wellness Services
- X Health Information Technology
- ☐ Network Provider/Partnership Development & Monitoring
- ☐ Health Disparities
- ☐ Peer Workforce
- ☐ Billing/Finance Sustainability
- ☐ Other: _____

BHICA section(s) the goal addresses:

- ☐ Understanding Your Population
- ☐ Assessing Your Infrastructure
- ☐ Identifying the Population and Matching Care
- ☐ Assessing Three Approaches to Integration
- ☐ Financing Integration

SMART Objectives	Summary of Action Steps	Grantee Progress	TTA Provided by CIHS

Medium term (6 months):	Facility remains smoke-free within the buildings except for the smoke room on the RCF which is only available 15 minutes every hour. Employees smoke on the exterior of the building. Ash Kickers continues to be offered and NRT if needed	Date: November 2015 Progress: In Process	Date: TTA:
Long term (1-4 years): Smoke Free Campus	Attempt to remove the smoke room from the RCF and build a smoke area on the outside of the building. Continue campaign with administration towards a smoke free campus.	Date: November 2015 Progress: In Process	Date: TTA:

If first strategy is NOT successful?

- Identify barriers
- Task too complicated?
- Not implemented as intended?
- Impractical or unclear?
- Modify or redesign and attempt a different strategy
- Did we use SMART goals?

- PFH Goals for our PBHCI Integrated SUCCESS:
- We are a TEAM dependent upon each member
- Our program is to serve our consumer's in their journey to integrated healthcare

Questions

1. How do grantees answer the question about impact of the various activities on the BHICA?
2. Should these tools be completed for PBHCI grant activities or for the organization as a whole?
3. How can we use these tools to establish goals around integration?
4. If we have different policies and different organizations implementing PBHCI, do we fill out BHICA and IPAT tool for all organizations?
5. We are a cohort V and cohort VIII grantee, should we complete the assessments based on each cohort?
6. We are implementing PBHCI in various locations, do we need to complete tools for each organization separately?

Please type your questions/discussion points in the chat box!

Contact Us

Mara Laderman
Institute for Healthcare Improvement
mladerman@IHI.org
617-301-4988

Jeanette Waxmonsky
Jefferson Center for Mental Health
JeanetteW@jcmh.org

Brie Reimann
CIHS
brier@thenationalcounci.org
202-684-7457, ext. 240

Kathy Rogers
Preferred Family Healthcare
660-665-1962, Ext. 647
karogers@pfh.org